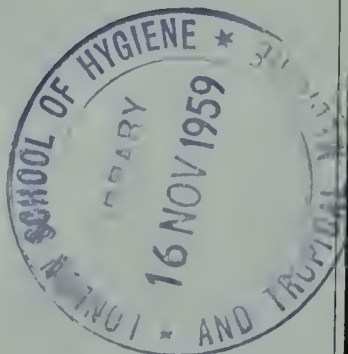


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ANGLESEY COUNTY COUNCIL



ANNUAL REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

*for 1957*

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G. WYNNE GRIFFITH,  
*Principal School Medical Officer*  
*and*  
*County Medical Officer.*



28.11.58  
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## ANGLESEY COUNTY COUNCIL

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*To the Chairman and Members of the Education Committee*

My Lord, Ladies and Gentlemen,

I have the honour to present the forty-fifth Annual Report of the School Medical Service in the County.

The health of the school population in so far as it can be measured by statistical indices continued to be satisfactory in 1957, and in the body of this report will be found several indications in support of this general conclusion.

The work of the school medical department proceeded smoothly during the year. I have in previous reports referred to what I considered to be serious gaps in the service we are at present able to provide, namely, the lack of staff for psychiatric social work and for speech therapy.

The child guidance service has developed considerably in the last few years but the shortage of qualified social workers persists and is likely to do so. In this situation serious thought should be given to the training of other staff partly as a means of making good to some extent the deficiency in qualified personnel, but also, and more important in the long run, as a contribution towards the prevention of mental ill-health. In her day to day work the school nurse at the present time is more likely to be confronted with a serious "behaviour" problem than she is with a case of rickets; and while the present day training of the health visitor reflects this changing challenge, this does not help those whose academic training occurred before these new needs received recognition. Some form of in-service training for suitable members of the nursing staff would seem to be needed and for this we would require the help of the specialist staff of the Child Guidance Service.

It is unfortunate that we have still no recourse to speech therapy.

The prevention of tuberculosis in the school population continues to engage our attention. In the body of the report will be found a detailed account of the work of B.C.G. vaccination and mass radiography as applied to the school population.

Once again the report does not contain detailed reference to unsatisfactory and insanitary school premises. Routine reports on these matters are brought to the attention of the Director of Education from time to time following visits paid to the schools. There are however

two matters to which I should like to refer. The first is the *lighting* of some of those rural schools where there is no electricity supply. Many of these buildings are ancient with small high windows. By mid-afternoon on a dull winter's day the light is much too poor for any reading or written work. Every effort should be made to ensure that electricity is brought to these schools lest the children's eyesight should suffer. The second point refers to the *facilities for hand-washing* in schools. The junior school is an excellent place wherein to inculcate the habits of good personal hygiene—the importance of which was well illustrated by the small outbreak of sonne dysentery at Llanfaethlu mentioned on pages 8-9. But the school must be equipped with the necessary facilities if it is to instruct effectively. In some schools the scale on which wash-basins is provided does not seem to be adequate, a sufficiency of towels must be ensured and in these days, when efficient and economical dispensers for liquid soap are available the use of hard green household soaps might well be discontinued.

In the financial year 1957/58 the approximate gross cost of the school medical service amounted to £18,000, which is equivalent to an expenditure of 41s. 9d. per school child. After allowing for Government Grants the approximate rate-borne expenditure represented a rate of 2.6d. for the year, or an expenditure equivalent to 10s. per head of the school population.

I am indebted to the several consultants for the help they have readily given. It is a pleasure, too, to acknowledge the interest taken in the work by the Chairman and Members of the School Children Welfare Committee. I wish also to thank the Director of Education and his department for their valuable assistance, the Superintendent Nursing Officer, and the school nurses for their loyal services, and, not least, my professional colleagues and office staff for the excellence of their work and help in the preparation of this report.

I am,

Your obedient Servant,

G. WYNNE GRIFFITH,

*Principal School Medical Officer.*

*June 1958*

## MEMBERS OF ANGLESEY EDUCATION COMMITTEE 1957/8

*Chairman* : Alderman G. Ll. Williams, J.P.\*

*Vice-Chairman* : Mr. R. Davies, J.P.\*†

*Chairman of School Children Welfare Committee* : Alderman H. R. Evans, J.P.

*Vice-Chairman of School Children Welfare Committee* : Mrs. E. G. Williams, J.P.

Lord Anglesey.

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Mr. J. F. Chadwick, M.C., B.A.

\*Mrs. M. A. Edwards.

\*Mr. R. Edwards.

Mr. Clarence Ellis, M.A.

Mr. David Evans, J.P.

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Mr. O. Glynn Foulkes.

\*Mr. O. Griffith.

\*Mr. G. W. Gruffydd.

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Alderman O. R. E. Jones, J.P.

Mr. Percy O. Jones.

\*Mr. R. H. Jones, J.P.

\*Mr. R. J. Jones.

Mr. R. Jones.

\*†Mrs. T. A. Jones.

\*Mr. T. Grey Jones.

\*Mr. T. H. Jones.

Mr. T. O. Jones.

Mr. Wm. Jones.

Mr. W. Pritchard Jones

Alderman W. Shubert Jones, B.Sc., J.P.

Alderman Mrs. Walter Jones, J.P.

Ald. Sir Wynne Cemlyn Jones.

Alderman John Lewis, J.P.

Mr. J. Hugh Lewis, J.P.

Mr. Llewelyn Lewis.

\*†Mr. T. Lovett, M.Sc., A.R.I.C.

\*Mrs. J. Morris.

\*Alderman W. Charles Owen.

Capt. W. Parry-Jones.

\*Alderman R. O. Pierce, J.P.

Alderman Griffith Pritchard.

\*Mr. H. Pritchard.

**Alderman W. T. Prytherch, J.P.**

\*Mr. H. K. Roberts.

Mr. I. O. Roberts.

\*†Mr. John Roberts.

†Prof. R. Alun Roberts, Ph.D.

\*Alderman Robert Roberts, J.P.

Mr. W. R. Roberts.

Mr. A. Robertson.

Alderman R. B. Rowlands, J.P.

Mr. W. Mervyn Taylor.

Mr. A. Preston Thomas.

Mr. Glyn Thomas.

\*Mr. Griffith Thomas.

Mr. J. Hugh Thomas.

Mr. David Thomas.

\*Mr. J. Hywel Thomas.

†Principal Richard Thomas, M.A., D.Sc.

Alderman William Thomas.

Rev. D. M. J. Williams.

\*Mr. E. R. Williams.

\*Mr. Henry Williams.

†Sir Ifor Williams, M.A.,  
D.Litt., F.B.A.

**Alderman Col. Lawrence  
Williams, O.B.E., D.L., J.P.**

**Mr. J. Morris Williams.**

\*Mr. R. Pierce Williams.

**Alderman W. D. Williams.**

\*Alderman W. O. Williams.

Sir Richard H. D. Williams-  
Bulkeley, Bart., J.P.

\* Member of the School Children Welfare Committee.

† Added member of the Education Committee.

*Director of Education* : E. O. Humphreys, M.A., B.Sc.

#### STAFF :

Principal School Medical Officer and County Medical Officer of Health.	G. Wynne Griffith, M.D., D.P.H.
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School Medical Officers (also Medical Officers of Health of County Districts).	G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M.
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W. Arthur Jones, L.M.S.S.A.,  
D.P.H. Temporary to 31.7.57 ;  
permanent from 1.12.57.

School Medical Officer (also Asst. C.M.O. of H.)	Mrs. Mair Humphreys Jones, M.B. Ch.B., C.P.H.
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Principal School Dental Officer.	O. C. Jenkins, L.D.S. (Eng.), D.D.S. (Toronto).
----------------------------------	--

School Dental Surgeons.	Elwyn Jones, L.D.S. Mrs. C. M. Rolant Thomas, M.R.C.S., L.R.C.P., L.D.S.
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Dental Attendants.	Miss Gwen Jones. Miss Sheila Lynch (left 31.10.57). Miss Pat Randall. Miss Ann Williams (commenced 4.11.57).
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Consulting Paediatrician.	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
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Chest Physician.	*J. Glyn Jones, M.A., M.D., M.R.C.S., L.R.C.P.
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*Child Guidance Service :*

Consultant Child Psychiatrist.	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).
Registrar in Psychiatry.	*J. Alced Williams, M.B., Ch.B., D.C.H.
Senior Psychologist.	*G. A. V. Morgan, M.A., Ph.D.
Psychologists (part-time).	*Mr. T. R. Miles, M.A. *Mr. W. R. Jones, M.A. (by arrange- ment).
Senior Psychiatric Social Worker.	*Miss J. M. B. Smedley, B.A.
Psychiatric Social Worker.	Vacant.
Consulting Ophthalmic Surgeons	*T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. *G. C. Laszlo, M.D. (Budapest) L.R.C.P. (Edin.), D.O. (Oxford)
Senior Hospital Medical Officer (Ophthalmic)	*G. L. Harper, M.R.C.S., L.R.C.P., D.O.
Consulting Orthopaedic Surgeon.	*G. I. Roberts, M.B., Ch.B., M.Ch.Orth., F.R.C.S.
Consulting E.N.T. Surgeon.	*John Roberts, F.R.C.S.
Orthoptist.	‡Mrs. G. Davies.
Physiotherapists.	†‡Miss G. N. Holme, M.C.S.P. †‡Mrs. E. M. Tamblyn.

\*Under contract with Regional Hospital Boards.

‡Employed by the Caernarvon and Anglesey Hospital Manage-  
ment Committee.

†Part-time Staff.



Superintendent of School Nurses (also Supt. Nursing Officer).	Miss H. V. Parry, S.R.N., S.C.M., Q.N., H.V. (Cert.).
Deputy Superintendent of School Nurses (also Deputy Supt. Nursing Officer).	Mrs. M. Rh. Davies, S.R.N., S.C.M., H.V. (Cert.). (Left 31.7.57).  Miss J. E. Jones, S.R.N., S.C.M., H.V. (Cert.). (Commenced 1.8.57).
School Nurses.	Mrs. Cotgreave. †Mrs. Gwladys Rowlands ( <i>nee</i> Hughes). †Miss E. C. Parry. (Left 14.10.57). †Miss E. C. Pritchard. †Miss G. Pritchard. †Miss A. Williams. †Miss M. C. Williams. †Miss E. Hughes. †Mrs. L. M. Griffith ( <i>nee</i> Jones). †Miss E. E. Hughes. †Mrs. M. M. Williams (temporary). (Commenced 15.10.57).  †Also Health Visitors.
Chief Administrative Assistant.	Horace Betts, D.P.A.
Clerical Staff.	Maldwyn Jones. Mrs. Eluned Griffith. R. J. Jones. Miss H. Roberts. Miss Eunice Jones. Miss E. M. Jones. Miss O. Ll. Edwards. Mrs. M. J. Foulkes ( <i>nee</i> Jones).



# REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

## THE RESULTS OF MEDICAL INSPECTION

The school population on 20th January, 1957, was :—

Primary Schools .....	5,083
Secondary Schools .....	3,483
Special School .....	56
Penhesgyn Open Air School .....	5
	<hr/>
	8,627
	<hr/>

The work of medical inspection is detailed in tables at the end of this report. The statistics reflect a satisfactory state of health among the school population. During the year there were 3 deaths of children aged 5 to 15 years (a death rate of approximately 0.3 per 1,000 school population per annum). The causes of death were : Cerebellar tumour (1) ; Myeloid leukaemia (1) ; Virus hepatitis (1).

Details of notifiable diseases for the year are appended, showing the total occurring at all ages and the number among children of school age. The table includes cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situate.

Disease	Urban	Rural	Total	No. of School-age Children
Diphtheria .....	—	—	—	—
Scarlet Fever .....	7	3	10	7
Ac. Poliomyelitis* .....	1	2	3	1
Ac. Pneumonia .....	4	3	7	2
Dysentery .....	5	40	45	31
Food Poisoning .....	1	7	8	3
Measles .....	16	38	54	34
Whooping Cough .....	—	5	5	—
Paratyphoid and Typhoid .....	—	2	2	—
Meningococcal Infections .....	—	—	—	—
Erysipelas .....	—	1	1	—
<b>TOTAL</b> .....	<b>34</b>	<b>101</b>	<b>135</b>	<b>77</b>

\* Paralytic in 1 case.

The incidence of notifiable infectious diseases during 1957 was low. There were fewer *measles* cases following the epidemic in the previous year; *whooping cough* was also uncommon. For the eighth successive year no cases of *diphtheria* occurred. A sharp outbreak of influenza (the so called "Asian Flu") started towards the end of September and lasted about five or six weeks. The disease was relatively mild and did not appear to affect children of school age to the same degree as adults. Attendance at some schools was seriously depleted for a week or two, but in general the school population was not affected to the same extent as in the epidemic of 1954. The only other event of note was an outbreak of *sonne dysentery* at Llanfaethlu School in June. The total number of persons affected is not known, but positive faeces were obtained from 29 persons, but a total of 152 faeces samples were examined from 94 persons.

The first case seems to have been a small boy (T.C.) who was "off colour" in school on the afternoon of Friday, 31st May. He became ill over the weekend and was not in school on Monday morning. He was proved to be infected.

On Wednesday, 5th June, three children at the school were taken ill, and on the 6th a further six were affected. The following day another child was ill. Of the ten cases from the 5th onwards, eight proved to be infected.

The school broke up for the Whitsun holidays on the afternoon of the 7th, and it appears that the subsequent progress of the epidemic took the form of a series of family outbreaks, the infection having been introduced into the household by children. At least 12 families had infection introduced in this way, and in all but three of these there were proved secondary cases. Out of the 29 proved cases, 12 were adults, children of pre-school age, or senior children attending secondary schools. All pre-school children examined were found to be infected, about one third of the children of school age and about one in six of the adults.

The first report received had suggested that this might be an outbreak of food poisoning. This was not however the case. The evidence does not support the supposition that infection was spread from the school canteen. About 50 children each day fed from the canteen, but during the first week only ten were affected apart from the initial case (T.C.). Furthermore, the onset of the illness in these ten cases was spread over three days. The two canteen workers were examined immediately, and shown to be free from infection. Unfortunately, samples of food had not been kept from the meal served on the 5th, but ten different food stuffs obtained on the 6th and 7th were examined with negative results. At least one sample of faeces

was examined from all but three of the 51 children on the school roll. The organism was recovered in only 17 cases, and that over a period of four weeks.

This is not the kind of picture one sees in epidemics of disease spread through infected food or water. In fact, the outbreak conforms to the pattern so often seen in *sonne* dysentery, particularly where young children are affected, of direct case to case infection with a correspondingly slower progress.

It is recognised that the water supply to this school is not satisfactory (although in point of fact samples of the water supply and of bird droppings which were thought might be infecting the water supply, proved on examination to be free from infection). There is no water carriage system of sewage disposal. The standard of hygiene in the school canteen was not perhaps as high as it might have been. Nevertheless none of all these factors can be incriminated as the cause of this outbreak in the sense that had any of them not existed the epidemic would not have occurred. Had there been adequate facilities for hand washing and strict attention to the use thereof the outbreak might indeed have been prevented. This, of course, is consistent with what we know of the epidemiology of *sonne* dysentery. It is a disease, the prevention of which in the first place is essentially a matter of good personal hygiene.

School attendance was good. During the school year ended July 1957 the average attendance of children in the primary schools was 91.5 per cent., and in the county secondary schools it was 90.4 per cent. The corresponding figures for 1955/56 were 89.8 and 90 per cent. respectively.

The average attendance in the Day Special School for Educationally Sub-Normal Pupils was 91 per cent.

As will be seen from Table II A & B on pages 28 and 29 the commonest defects discovered at routine medical inspection are defects of vision, including squint and defects of the nose and throat. The relatively high number requiring treatment for lung complaints includes 112 children found to show a positive reaction to the multiple puncture test when undertaking the B.C.G. vaccination of school children. These were referred for X-ray examination (see pages 13-14). Minor orthopaedic departures from the normal, foot and postural defects, are frequently noted, but the severe crippling defect is happily not often seen. Otitis media continues to be numerically a minor problem, and a few cases only of the infectious skin diseases, scabies, impetigo and ringworm were discovered.

## GENERAL CONDITION AND NUTRITION

The data relating to general condition and nutrition (to be found in Table II C on page 29) have been expressed as percentages in the table given below.

The figures in brackets are the findings last year.

### ROUTINE MEDICAL INSPECTION 1957—CLASSIFICATION OF GENERAL CONDITION (PERCENTAGES)

	Satisfactory		Unsatisfactory	
Entrants .....	99.2	(98.4)	0.8	(1.6)
Primary School Leavers .....	100.0	(99.3)	—	(0.7)
Secondary School Leavers .....	98.7	(98.6)	1.3	(1.4)
Additional Group .....	100.0	(98.2)	—	(1.8)
ALL GROUPS .....	99.5	(98.7)	0.5	(1.3)

The percentage of children found to have “unsatisfactory” general condition has remained more or less constant in recent years.

The interpretation of these trends is not straightforward, especially as the classification is a purely subjective one, and medical officers vary in the standard they adopt. It would be fair to say, however, that frank malnutrition is rarely encountered.

The *Milk in Schools* scheme continued to operate satisfactorily. Every school is supplied with pasteurised milk in one-third pint bottles. Messrs. Cadbury Ltd. continued this valuable service which the Milk Marketing Board had provided for many years.

About 94 per cent. of the primary school children take milk, but only 56 per cent. of those in the secondary schools do so.

The average number of meals served each school-day by the *School Meals Service* fell from 6,485 in 1956 to 5,870 in 1957—a drop of nearly 10 per cent. There are, of course, several reasons which may decide whether children have dinner in school. One such reason—the extent to which married women are gainfully employed outside the home—is not a major factor in this county. Of more importance there is the distance between the home and the school. This may well preclude the child coming home at dinner time each day. This is brought out in the following table.



*Meals served as a percentage of those attending on a day in October each year. Data compiled for completion of Form 214M and kindly made available by the Director of Education.*

<i>Primary Schools.</i>	1956	1957
Isolated rural .....	98	95
Other rural .....	84	65
Urban .....	63	53

In both years it is clear that the more isolated the school the more children stay for dinner.

This same factor of distance, of course, contributes to the relatively high percentage of meals served in the secondary schools (84 per cent. in 1956 and 78 per cent. in 1957 respectively of those in attendance). But it will be noted from this table that the figure for 1957 is, in every case, lower than the corresponding figure for 1956, and what is true of the primary schools is also true of the secondary schools. The figures for 1955 are not quoted here but these have been examined and they showed there was very little change from 1955 to 1956—certainly nothing to compare with the fall in demand in 1957 as compared with 1956. In April 1957 the price of the meal was increased to 1/-. As from September 1957 the price took no account of the number of children in the family taking school meals. These charges therefore bore most hardly on those with the largest families because not only did the price per child go up but the benefit of the differential rates under the old scales was also lost. For example, if only one child in the family was at school the extra payment amounted to 10d. per week. But if there were, say five children attending school, the additional charge was 7/1d. or 1/5d. per child. The increase in family allowances for third and subsequent children introduced towards the end of 1956 did not compensate entirely for this increased cost of school meals.

To some extent the effect of the increased price is obscured in the figures quoted because a proportion of children (16 per cent. in 1957) qualify according to a means test for school dinners free of charge. We can eliminate the effect of this factor by confining attention to those children who did not so qualify and seeing what proportion of these children received dinner in school. This has been done in the following table :—

<i>Primary Schools.</i>	1956	1957
Urban areas and 13 large villages.	65	53
10 isolated rural schools.....	97	94

The changes affected the isolated rural schools very little, presumably because the "distance" factor was still dominant. But in the urban schools the position has been reached when half the children who would have to pay now go home rather than do so.

These figures show how sensitive the demand is to changes in the price level. Add a few pence per day for each child to the cost and the demand declines in those areas where it is feasible for the children to go home at dinner-time. The possibility of further rises in the charges for school meals cannot be ignored with a consequent reduction in the use made of this service. In contemplating this possibility we need to remember that a child who does not get dinner at school may be getting, nutritionally, as good a meal at home. At the same time, there are children (from large families and from unsatisfactory homes) whose nutrition is only marginally adequate and it is, we suspect, the regular dietary supplement of the school dinner which provides that margin. A further rise in price is likely to start reducing the demand among those children who live at a distance. We might revert to the undesirable position where these children bring sandwiches to school. Finally we should remember that the school dinner has an educational function as well as a nutritional value. Indeed, we would go further and say that in addition to its importance as social training the school dinner has, not infrequently, a therapeutic value in the case of certain "difficult" children.

Taking the number of meals provided as a yardstick, the Education Committee is undoubtedly the largest catering concern in the county, and the standard of food hygiene in school canteens is therefore a matter of considerable interest. When visiting schools the school medical officers pay particular attention to food hygiene in canteens.

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## TUBERCULOSIS

### *Notifications of Tuberculosis :*

During the year 7 cases of tuberculosis were notified among children of school age.

The form taken by the disease in this series was as follows :

(The numbers in brackets are the corresponding figures for 1956) :

Non-respiratory forms .....	3	(1)
Adult type respiratory tuberculosis .....	4	(9)
Primary chest infections .....	—	(5)

~~One case of a healed primary lesion was found. There were, happily, no cases of tuberculosis in this group.~~

The two main weapons on which we rely to prevent the spread of tuberculosis in the school population are B.C.G. vaccination and mass radiography examination. These two weapons are best used in conjunction and in previous reports a detailed account has been given of the scheme that is operated in this county.

In 1957 the scheme operated again in a very satisfactory manner. Unless there was some contra-indication, every child was tuberculin tested in his 14th year by the Heaf M.P. method; negative reactors were vaccinated and positive reactors were X-rayed. The testing and vaccination sessions were arranged to coincide with the visits to the schools of the mass radiography unit. In this way the interval between finding a positive reactor and having his chest X-rayed was eliminated. The importance of this from the point of view of relieving parental anxiety is obvious.

#### *B.C.G. Vaccination.*

In the county secondary schools there were 781 children aged between 13 and 14 years on roll. In the case of 26 children the tuberculin state was already known as the result of our contact tracing procedure.

Notified in the past as suffering from tuberculosis .....	—
Known to have had a healed primary lesion .....	4
Known to be tuberculin positive .....	1
Had already had B.C.G. as contacts .....	21

Forms of consent were sent to the parents of the remaining 755 children and were duly returned for 496 children, but some of these were absent when the testing was done or when the tests came to be read. Results were thus available for 417 of whom 102 (or 24.5 per cent.) were found to be positive reactors. The remainder—315—were vaccinated.

The limits that can be set for the proportion of children in this age group with naturally acquired tuberculin sensitivity are 25.1 per cent. to 27.8 per cent. (The method of calculating these limits is given in my report for 1955).

In addition, 91 cadets of H.M.S. "Conway," were tested, of whom 31 were positive reactors. The remaining 60 were vaccinated.

The 133 positive reactors (102 school children and 31 cadets) were examined by the mass radiography unit and where necessary by the chest physician. One case of a healed primary lesion was found. There were, happily, no cases of tuberculosis in this group.



## MASS RADIOGRAPHY—1957.

	Total exam- ined	Abnor- malities other than Tuber- culosis	Referred to Chest Physi- cian	Results of Further Investigation by Chest Physician					
				New Case	Already known	Heal'd Res- pir- atory T.B.	Other abnor- mal- ity	No. abnor- mal- ity	Failed to attend
Second'y.. 1,174 School Children aged 14 plus		14	6	1	—	2	1	2	—
School Staffs ..... 326		8	—	—	—	—	—	—	—
H.M.S. <i>Conway</i> ... 311		2	4	—	—	—	—	1	1
Convent School ... 148		3	—	—	—	—	—	—	—

*Tuberculin Testing of School Entrants.*

In the autumn term of 1957 a start was made with the routine testing of school entrants. The test used was the Multiple Puncture Test which was applied by the nursing staff. This procedure serves several purposes :

- (a) it enables us to discover those children who are likely to be suffering from tuberculosis ;
- (b) it enables us to gauge the “pressure of infection” from the tuberculin level at a given age ;
- (c) if repeated annually it enables us to note when a child “converts” from being tuberculin negative to being tuberculin positive and thus to watch the child during this critical period ;
- (d) the finding of a positive reaction in a young child should help in tracing undiscovered sources of infection in the community. The “conversion” of a child should be even more helpful.

There were 264 new entrants to school in the autumn term and for 240 of these parental consent was given to the test being done. Of this number 14 (or 5.8 per cent.) were found to be positive reactors. This group of 14 consisted of 9 who had had B.C.G. vaccination as contacts to known cases and one child known to be a positive reactor as a result of our routine contact tracing procedure. The remaining 4 were X-rayed and although none of them was notified they are all being kept under observation by the chest physician.

## THE WORK OF THE SCHOOL NURSE

The work done by school nurses in the prevention of infestation with vermin deserves high praise. The nurses made 35,361 inspections, which is equivalent to every child being examined on the average four times during the year. The number found to be verminous was 103, or 1.2 per cent. of the school population. This shows a decrease over last year. The figures for the past few years are as follows: 1953, 105 cases; 1954, 211 cases; 1955, 199 cases; 1956, 245 cases.

The table printed below gives some indication of the volume of work done by the school nurse/health visitors.

	No. of schls. in district	Total average att'dance	No. of exam- inations	No. of visits to homes	No. of visits to schools
Amlwch .....	5	1,091	4,360	14	82
Beaumaris .....	5	962	2,915	74	61
Bodedern .....	6	492	1,971	140	60
Bodorgan .....	5	374	2,624	190	76
Holyhead .....	12	2,205	10,028	1,430	238
Llanfechell .....	8	380	3,548	82	128
Llangefni .....	6	1,263	2,343	29	75
Marianglas .....	6	309	2,173	151	118
Menai Bridge .....	3	402	2,612	99	53
Newborough .....	6	382	2,787	190	151
<b>TOTAL</b> .....	<b>62</b>	<b>7,860</b>	<b>35,361</b>	<b>2,399</b>	<b>1,042</b>

The school nurses still attend to minor ailments when required, and the majority of the 542 cases noted in Group 7 of the Treatment tables (Table III, page 30) were in fact seen by the nurses. These include the abrasions, bruises, cuts, stings and similar happenings of school life which call for sympathetic attention. We are fortunate in that impetigo, ringworm and scabies are still being encountered but rarely.

## MOBILE MINOR AILMENTS CLINIC

As was suggested in previous reports, this vehicle is rather inappropriately named. It has been used mainly as an "examination room on wheels."

Some details concerning the work of the clinic during the year are given below :—

Number of visits to schools .....	351
Mileage covered .....	5,099
Number of minor ailments treated .....	101
Number of routine cleanliness, etc., inspections made. .	19,748
Number of children seen for other reasons .....	90
Total number of children seen .....	19,939

It will be noted that 56 per cent. of all cleanliness inspections are carried out in the mobile clinic. If the built up area of Holyhead is excluded (the clinic does not operate there) nearly 80 per cent. of the inspections elsewhere are carried out in the mobile clinic.

## ORTHOPAEDIC CARE AND AFTER-CARE

The following tables set out the work done by the physiotherapists :—

Centre	No. of Clinics held	No. of Home Visits	No. of Cases	No. of Treat- ments	U.V.R.	
					No. of Cases	No. of Treatments
Holyhead .....	138	—	138	1,408	35	375
Llangefni .....	93	—	91	727	7	71
Amlwch .....	91	—	115	964	1	12
Beaumaris .....	88	—	48	580	2	20
Menai Bridge .....	46	—	30	215	1	2
	456	—	422	3,895	46	480

	Orthopaedic and other	U.V.R.
Total number of cases on the books .....	343	46
Total number of cases discharged .....	318	55
Number of new cases .....	293	11

Breathing exercises, etc., have also been given in the five clinics to 59 cases referred by hospitals.

During the year 393 attendances were made by 270 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 36 per session.

## PHYSICAL EDUCATION

I append the report of the Physical Training Organiser :—

“Physical Education in the County is continuing to be generally of a good standard. It is unfortunate that I have not been able to help the Primary Schools supplement their stock of apparatus for the last two years owing to the lack of funds. The position regarding the supply of plimsoll shoes for this year was not too happy, the supply to schools being cut by half. The work is done regularly in the Primary Schools and every encouragement is given to the teachers and children to carry on with Physical Education regularly and conscientiously. The Athletics Course for the Secondary Schools also had to be abandoned, but it is hoped that Mr. Alford, the Welsh coach, will be able to visit the County later.

### *Athletics.*

The Annual County Secondary Schools Athletics Championships were held at the Llangefni County Secondary School on the 15th June in excellent weather and results were gratifying, particularly in the junior and lower junior age groups. Four age groups, boys and girls, are catered for and events number 64.

The following is an analysis of performances :

	<i>Senior</i>	<i>Middle</i>	<i>Junior</i>	<i>Lower Junior</i>
No. of Entries.....	80	51	63	44
No. of Standards.....	22	15	20	11

The apparent low percentage of standards gained is accounted for by the fact that the county standards were raised considerably compared to the previous year.

Twenty-two records, however, were broken. Dewi Roberts, Beaumaris, setting up a time of 10.0 secs. in the senior 100 yards.

Both the Hines Challenge Shield and the Hines Relay Cup were retained by Holyhead for the 10th successive year, total points being as follows :

Holyhead, 273 ; Beaumaris, 198 ; Amlwch, 178 ; Llangefni, 124.

The County Athletics team was entered for the Welsh National Championships which were held this year at Colwyn Bay on July 13th in torrential rain. It is pleasing to note that our Senior boys relay team gained first place. Dewi Roberts, of Beaumaris, won the 100 yards and 220 yards events and his time of 9.9 secs. in the 100 yards heat was an outstanding record. J. M. Shelby-James, of Holyhead, won the Junior high jump with a height of 5ft. 1in.

In the North Wales Championships held at Colwyn Bay in June, Dewi Roberts won the 100 yards and 220 yards setting up record times for both events; T. A. Hughes, Holyhead, won the Junior weight events, and our county relay team gained first place, setting up a new time for all sections of 45.9 secs.

Dewi Roberts is an outstanding young athlete, setting up consistent times in his events. He won the Junior 100 yards title at the Welsh Championships two years running, and he is among the probable athletes being trained for the British Empire and Commonwealth Games' Welsh team. Beryl Turner, of Holyhead, is also receiving extra coaching by Mr. Alford, the Welsh National Coach, and both Dewi and Beryl are to be congratulated.

### *Netball*

A County Netball tournament for Junior girls was held at Holyhead on March 16th. It was the first time such an event was held in the county, and Mr. E. O. Humphreys, Director of Education and president of the Anglesey Secondary Schools Sports Association, presented a cup to the winners, which were Holyhead.

### *Hockey*

A County Hockey Tournament was held at Llangefni on November 9th, the winners of this event being the Sir Thomas Jones School, Amlwch. No county matches were played this year owing to the condition of the pitches through inclement weather.

### *Football*

The Eirlys Roberts Shield in the Inter School League was won by Holyhead, the runners-up being Llangefni.

After two trial matches a county under 15 years XI was chosen to play in the Welsh Schools Shield competition and in the English Schools Championships. The team lost in the first round of the English competition to Wrexham, away 6—0. In the Welsh Shield competition Anglesey drew with Arvon schoolboys at Bangor 2—2 and lost to South Caernarvonshire at Llangefni 3—1. On aggregate



score the Anglesey team did not go forward to the second round. In previous years the team has done well, even going as far as the semi-finals. It is hoped that success will come once more in the near future.

Of the Junior county team, David H. Williams, Beaumaris, was selected as reserve goalkeeper for the Welsh schoolboys against England, Scotland and Ireland, and John E. Williams, Beaumaris, was reserve full back against Scotland. They are the first Juniors from Anglesey to be honoured by the Welsh Schools F.A.

Our Senior county football team was unable to have fixtures this season as no other North Wales county has a Senior side. Two boys in this team however have been honoured, David Jones, Beaumaris, has been selected to play for the Welsh Youth XI against England in Reading on 15th February, 1958, and Ian Furlong, Llangefni, has been selected as a reserve. Both boys are to be congratulated as only four schoolboys in Wales have been chosen to play in this team. Others already play for quite well known clubs.

In concluding my report I wish to thank the Headmasters and P.E. Staffs of the Primary and Secondary Schools for their willing co-operation.

EIRLYS W. ROBERTS."

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## DEFECTIVE EYESIGHT AND SQUINT

The ophthalmic service for school children is provided through the hospital authorities and the appointment by the Welsh Regional Hospital Board of a senior hospital medical officer in ophthalmology should result in an improved service. Dr. G. L. Harper took up his duties towards the end of 1957 and the number of refraction sessions increased from 47 in 1956 to 50 in 1957. The number of children seen increased from 662 to 707. The waiting list at the end of the year was still long but a further improvement can be expected in 1958.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 15 compared with 20 in 1956.

Prescriptions for glasses were issued at the clinics to 548 children, and 499 of these had been supplied by the end of the year.

*Orthoptic Treatment* was available at Bangor and at Holyhead, the orthoptist (Mrs. Gwyneth Davies) being employed by the Caernarvon and Anglesey Hospital Management Committee.

In January 1957 the number of Anglesey children receiving treatment was 94, and 21 new cases were registered during the year. The number of cases discharged from treatment was 20, of whom 8 were considered to have been cured and 5 were cosmetically satisfactory, and 6 left the area. Only 2 cases were discharged for failure to attend. The nature of the treatment given may be indicated as follows :—

	<i>Per cent. of Cases</i>
Occlusion .....	32
Exercises .....	24
For Operation .....	16
Kept under Observation .....	26

The school nurses continued to test the eyesight of 7 year-old children and to refer doubtful cases for the opinion of the school doctor. This form of screening can be valuable in detecting defective vision at an early stage. During the year 511 children were tested by the nurses and 75 referred for further examination. In addition the school nurses test the corrected vision of children wearing glasses and if in doubt about the suitability of the spectacles refer the case for further examination. During 1957 they examined 472 such children and referred 95 to see the school doctor.

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## DISEASES OF THE EAR, NOSE AND THROAT

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during the year 114 cases were referred for a specialist opinion, and 101 cases were operated upon, mostly for the removal of tonsils and/or adenoids.

The position regarding the availability of these services is indicated below :

Number of children waiting :—

	(a) Consultation	(b) Operation
At 31/12/57 .....	—	7
At 31/12/56 .....	25	6

These figures show that the position both for consultation and for operation is satisfactory.



At the present time the waiting period is only a week or two unless some exceptional circumstances arise.

*Tonsils and Adenoids :*

At the request of the Principal Medical Officer, Ministry of Education, a note was made at all periodic medical inspections during 1957 whether the child had had the tonsils and adenoids removed. The results were as follows :

Age Group		No. examined	No. who had had operation	Percentage
Entrants	Boys .....	208	1	0.5
	Girls .....	180	3	1.7
Second Age Group	Boys .....	383	36	9.4
	Girls .....	417	38	9.1
Third Age Group	Boys .....	311	27	8.7
	Girls .....	325	38	11.7

### HANDICAPPED PUPILS

Category	Number ascertained during the year 1957	No. on the register of H.P.s at 31/12/57
Blind .....	1	3
Partially sighted .....	—	3
Deaf .....	—	4
Partially Deaf .....	3	9
Delicate.....	1	7
Educationally sub-normal .....	49	171
Epileptic .....	3	4
Maladjusted .....	1	5
Physically handicapped .....	1	6
Multiple Defects .....	4	8
Speech Defects .....	—	9
	<hr/> 63	<hr/> 229

Number of cases dealt with during the year under the Education Act 1944

Section 57 (3).....1

Section 57 (5) ..... —

Much work was done during 1957 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 229.

The number of children ascertained as being handicapped by reason of speech defect is 9. No doubt there are several more such children who would be brought to notice were facilities for treatment easily available.

The following table shows the number of pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December :

Category	No. admitted 1957	No. in att'ce at Dec. 31	No. waiting adm. Dec. 31
Blind .....	1	2	1
Partially Sighted .....	—	—	—
Deaf .....	—	4	—
Partially Deaf .....	—	—	—
Delicate.....	2	1	2
Educationally Sub-normal ...	27	69	47
Epileptic .....	2	2	1
Maladjusted .....	—	3	1
Physically Handicapped .....	1	1	1
Multiple Defects .....	2	6	2
Speech .....	—	1	—
TOTALS .....	35	89	55

### *Defective Hearing :*

There were 4 deaf pupils on the register at the end of the year and 9 partially deaf children. There is reason to think that some pupils suffering from defects of hearing are not being discovered. It is the intention during 1958 to start on routine audiometric surveys in order to ensure that all children with defects of hearing are discovered.

### *Rhoscolyn Day Special School :*

This junior day special school, under the Headship of Mr. T. H. Breese, continued to function satisfactorily during 1957. There were 56 children on the roll at 31st December, 1957. There can be no doubt in the minds of anyone who has watched these children that the school is doing excellent work. The children are obviously happy there, they are more alert and take greater pride in their person and clothing than was the case when they attended ordinary schools. Mr. Breese and his staff are succeeding, too, in the more limited academic sense and several children have "caught up" to a surprising degree with basic arithmetic and language.-

At the time of writing the formal "recognition" of this school by the Minister of Education is still awaited, though there seems to be no reason why it should be long delayed. It would be agreed, I think, that the provision of this school has gone far towards solving the problem of the education of the E.S.N. child in the Holyhead area and the time has come for the Education Committee to consider what should be done about this problem elsewhere in the county.

#### *Penbesgyn :*

Penhesgyn is a small sanatorium for girls of school age suffering from tuberculosis (normally of the "primary" type of lesion). This institution is managed by the Caernarvon and Anglesey Hospital Management Committee but the Anglesey Education Authority is responsible for the provision of education facilities. On the 31st December, 1957, there were 5 children in the hospital, 2 being Anglesey cases. One of the school dentists pays periodical visits.

#### *Child Guidance :*

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinic which is held at Bangor under the direction of a consulting child psychiatrist.

In addition a clinic held in Holyhead is attended by an educational psychologist and psychiatric social worker.

Details of the work done by this service are given below :

### **NORTH WALES CHILD GUIDANCE CLINICS**

#### **Anglesey Children dealt with during 1957.**

#### **1. At Clinics—number of attendances :**

Clinic	Psychiatrist (children)		Psychologist (children)		P.S.W. (Parents and/or Guardians)	
	First	Further	First	Further	First	Further
Bangor .....	23	130	22	40	23	118
Holyhead .....	4	2	11	251	7	190
Totals .....	27	132	33	291	30	308

Individual Children seen : 35 First, 25 Further ; Total 60.

## 2. Elsewhere—number of visits :

Psychiatric Social Worker.		Psychologist.	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
18	—	17	—

Visits to schools for special testings .....	7
Visits to officials of the Authority <i>re</i> cases and testings .....	10
Educational visits to schools .....	2

## 3. Number of Referrals received during 1957 :

Name of Referring Agency.	No. of Referrals
School Medical Officer .....	13
General Practitioners .....	9
Consulting Paediatricians .....	4
Other medical specialists .....	2
Other social workers .....	2
	<hr/> 30

## DENTAL SERVICE

Mr. O. C. Jenkins reports :

“The statistics relating to dental inspection and treatment during 1957 will be found on page 31, Table IV. It will be seen that 96 per cent. of the school population were inspected during the year, and of these 79 per cent. were found to be in need of treatment.

We are fortunate compared with other Authorities in having our dental staff up to establishment.

In addition to the routine dental inspection the fluoridation dental survey was again carried out, Dr. C. M. Rolant Thomas doing the major part of the County, while Miss Oswald of the Ministry of Health did the Holyhead area. In addition to this, Mr. G. V. Slack was with us to carry out a four day correlation survey during April. This year we also carried out a small pilot X-ray examination of some 150 secondary school children with bite-wing films.

During routine dental treatment it has been noticed more patients are getting keener on preventive treatment rather than waiting for radical treatment. This is a good reflection on the talks the patients have received from the dental officers over the last ten years or more. However, there still remains a large core of parents and children who are apathetic to any form of real improvement in their dental health.

At the close of the year construction work was started on the new clinic at Llangefni. When it is completed it will fill a long felt need for the Llangefni district. There is also a proposal to have a central clinic to serve Menai Bridge and the surrounding district, and it is felt that in the near future provision should be made for a central clinic at Amlwch to serve that district. So far the Mobile Dental Units have not been used in the North-West district but have been working in the Central and Eastern districts. It is hoped that with new permanent clinics they will become more available for the work that Mobile Dental Units have been designed, that is, for use in the remote rural Schools only.

Dr. C. M. Rolant Thomas reports :—

‘Dental inspection and treatment of children in my area followed the usual routine during 1957, and the third annual survey in connection with the fluoridation scheme was made during the summer term. The mobile unit was in constant use both for clinics and during the survey, and was greatly missed when out of commission for repairs during part of the autumn term.

Access for the Dental Unit to school playgrounds has now been provided in nearly all the rural schools. This eliminates the inconvenience caused by using accommodation in the school building, whilst still providing treatment in a clinic closely associated with school routine. Attendance by the children is thus ensured, with the least possible interruption of their school work.

The ready co-operation of the teaching staff on my visits to their schools is much appreciated, as also is the assistance given by the Health Visitors during the survey.’

Mr. Elwyn Jones reports :

‘Dental conditions in the Western area of Anglesey are far from satisfactory. This is caused by factors I have already referred to in my previous reports and in part to lack of *REGULAR* treatment. A child may be examined and treated one year and his or her mouth got into a good condition. Then the following year or longer there is no consent for treatment, thus nullifying the good which has been

done. Teeth which could have been filled have to be extracted. This applies in particular to the permanent teeth, especially those which erupt behind the milk teeth, and on which the disposition of the other permanent teeth depends to a large extent.

With the opening of new schools in Holyhead, the location of the Dental Clinic calls for some consideration. Four schools are situated roughly one and a half miles from the Clinic. By the time the children have registered at school and walked that distance to the Clinic, some of the time available for treatment is lost. For the younger children, I consider the distance over far, especially in bad weather. Treatment is therefore given to them on the school premises with the lack of amenities which are afforded at the Dental Clinic.

The co-operation of the Nursing and Teaching staffs are again appreciated this year and I wish to record my thanks to them.'

In closing I would like to express our appreciation of the help received from the Headteachers and staffs this year again."



# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1957.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

## A.—Periodic Medical Inspections.

*Number of Inspections in the prescribed groups :*

Entrants	...	...	...	...	...	...	...	...	388
Primary School Leavers	...	...	...	...	...	...	...	...	800
Secondary School Leavers	...	...	...	...	...	...	...	...	636
Total	...	...	...	...	...	...	...	...	1,824
Additional periodic inspections	...	...	...	...	...	...	...	...	323
Grand Total	...	...	...	...	...	...	...	...	2,147

## B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	...	698
Number of Re-Inspections	...	...	...	...	...	...	...	1,095
Total	...	...	...	...	...	...	...	1,793

## C.—Pupils Found to Require Treatment

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and infestation with Vermin) :—

Group	For defective vision (excluding squint)	For any other conditions recorded in Table IIA	Total individual pupils
Entrants .....	7	50	56
Primary School Leavers ...	36	65	99
Secondary School Leavers	38	35	69
Total Prescribed Groups ...	81	150	224
Additional periodic Inspections	18	19	38
GRAND TOTAL .....	99	169	262



TABLE II.

Return of Defects found by Medical Inspections.

## A. Periodic Inspections.

Defect Code No.	Defect or Disease	Periodic Inspections				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Req'ing T'ment	Req'ing Obs.
		Req'ing T'ment	Req'ing Obs.	Req'ing T'ment	Req'ing Obs.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .....	3.	1	10	2	18	11
5	Eyes :						
	a. Vision .....	7	2	38	20	99	59
	b. Squint .....	6	3	3	3	16	19
	c. Other .....	—	—	2	2	7	5
6	Ears :						
	a. Hearing.....	—	1	—	1	3	4
	b. Otitis Media	1	—	—	—	3	1
	e. Other .....	—	—	—	—	—	1
7	Nose and Throat.	9	31	3	8	29	63
8	Speech .....	1	3	—	—	1	6
9	Lymph. Glands	—	21	—	11	3	57
10	Heart .....	1	1	—	1	2	4
11	Lungs .....	6	6	1	4	14	18
12	Developmental :						
	a. Hernia .....	1	—	1	—	3	—
	b. Other .....	1	3	1	—	4	6
13	Orthopaedic :						
	a. Posture .....	2	1	4	2	11	3
	b. Feet .....	5	5	6	4	21	22
	e. Other .....	7	3	5	1	17	6
14	Nervous system :						
	a. Epilepsy ...	—	—	1	1	2	3
	b. Other .....	—	—	—	—	—	—
15	Psychological :						
	a. Development	—	2	—	—	—	3
	b. Stability .....	1	—	—	—	1	2
16	Abdomen .....	—	—	—	2	1	3
17	Other .....	5	11	2	18	19	53

TABLE II (Continued)  
B. Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .....	13	1
5	Eyes : a. Vision .....	115	77
	b. Squint .....	14	16
	c. Other .....	11	1
6	Ears : a. Hearing .....	5	6
	b. Otitis Media .....	—	2
	c. Other .....	3	—
7	Nose and Throat .....	39	28
8	Speech .....	3	3
9	Lymphatic Glands .....	6	17
10	Heart .....	2	2
11	Lungs .....	118	16
12	Developmental :		
	a. Hernia .....	—	1
	b. Other .....	2	5
13	Orthopaedic :		
	a. Posture .....	3	—
	b. Feet .....	13	7
	c. Other .....	7	7
14	Nervous system :		
	a. Epilepsy .....	—	5
	b. Other .....	1	—
15	Psychological :		
	a. Development .....	44	2
	b. Stability .....	14	1
16	Abdomen .....	3	—
17	Other .....	45	63

TABLE II (Continued)

C.—Classification of the General Condition of Pupils Inspected during the year in Age Groups

Age Groups Inspected.	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6
Entrants .....	388	385	99.2	3	0.8
Primary School Leavers .....	800	800	100.0	—	—
Secondary School Leavers .....	636	628	98.7	8	1.3
Additional Periodic Insp. ....	323	323	100.0	—	—
TOTAL .....	2147	2136	99.5	11	0.5

TABLE III.

## TREATMENT TABLES

**Group 1—Eye Diseases, Defective Vision and Squint :**

External and other, excluding errors of refraction and squint .....	65
Errors of refraction (including squint) .....	642
Total .....	707
No. of pupils for whom spectacles were prescribed .....	548

**Group 2—Treatment of Defects of Ear, Nose and Throat :**

Received operative treatment :	
(a) for diseases of the ear .....	1
(b) for adenoids and chronic tonsillitis .....	91
(c) for other nose and throat conditions .....	9
Received other forms of treatment.....	28
	129
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1957 .....	—
(b) in previous years .....	1

**Group 3—Orthopaedic and Postural Defects :**

Number of pupils known to have been treated at clinics or out-patient departments .....	363
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**Group 4—Diseases of the Skin (excluding uncleanliness, for which see Table V).**

	No. of cases treated or under treatment during the year by the Authority.
Ringworm—Scalp .....	—
Ringworm—Body .....	—
Scabies .....	—
Impetigo .....	—
Other Skin Diseases .....	—

**Groups 5 and 6—Child Guidance Treatment and Speech Therapy :**

(a) under Child Guidance arrangements .....	60
(b) under Speech Therapy arrangements .....	—

**Group 7—Other Treatment given :**

(a) Miscellaneous Minor Ailments .....	542
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. ....	349
(d) Other :	
(i) Pupils given Halibut Liver Oil .....	121
(ii) Pupils given Breathing Exercises .....	59
(iii) Pupils given Ultra Violet Light .....	46

TABLE IV.

## Dental Inspection and Treatment

1. No. of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups .....	8,250
(b) Specials .....	49
(c) Total (periodic and specials) .....	8,299
2. No. found to require treatment .....	6,597
3. No. offered treatment .....	4,938
4. Number actually treated .....	3,083
5. Attendances made by pupils for treatment.....	4,882
6. Half-days devoted to :   Inspection .....	206
Treatment .....	899
Total .....	1,106
7. <i>Fillings</i> : Permanent Teeth .....	3,422
Temporary Teeth .....	985
Total .....	4,407
8. <i>No. of teeth filled</i> : Permanent Teeth .....	3,012
Temporary Teeth .....	923
Total .....	3,935
9. <i>Extractions</i> : Permanent Teeth .....	460
Temporary Teeth .....	2,531
Total .....	2,991
10. Administration of general anaesthetics for extraction .....	23
11. Orthodontics :	
(a) Cases commenced during the year .....	16
(b) Cases carried forward from previous year.....	5
(c) Cases completed during the year .....	1
(d) Cases discontinued during year .....	2
(e) Pupils treated with appliances .....	8
(f) Removable appliances fitted .....	7
(g) Fixed appliances fitted .....	—
(h) Total attendances .....	28
12. Number of pupils supplied with artificial dentures .....	3
13. Other operations : Permanent teeth .....	606
Temporary teeth .....	14
Total .....	620

TABLE V.  
Infestation with Vermin

i. Total number of examinations in the Schools by School Nurses or other authorised persons .....	37,508
ii. Total number of individual pupils found to be infested .....	103
iii. Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54 (2) Education Act, 1944).....	6
iv. Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54 (3) Education Act, 1944).....	—

## APPENDIX

### SCHOOL CLINICS

The present arrangements regarding school clinics are as follows :

#### A. Local Education Authority Clinics.

<i>Type.</i>	<i>Location</i>	<i>Sessions</i>
1. Dental.	(a) Park School House, Holyhead	Daily when S.D.O. is operating in Holyhead.
	(b) Two Mobile Clinics are used in the Eastern and Central Sectors of the Island.	
2. Minor Ailments.	(a) St. Cybi Infants' P.S., M.I. Room.	Tuesday afternoons.
	(b) Mobile Clinic.	Daily.

#### B. Clinics conducted by the Local Education Authority on behalf of or by the Regional Hospital Board on Local Authority Premises.

1. Ophthalmic.	(a) County Secondary School, Amlwch.	An average of 1 clinic per week is held in the County, alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
	(b) Old Gaol, Beaumaris.	
	(c) St. David's Priory, Holyhead	
	(d) Frondirion Clinic, Llangefni.	
2. Orthoptic.	St. David's Priory, Holyhead.	Alternate Tuesdays.
3. Orthopaedic.	(a) St. David's Priory, Holyhead	Once monthly alternately.
	(b) Frondirion Clinic, Llangefni.	
4. Physiotherapy.	(a) County Secondary School, Amlwch.	Wednesday afternoons and Friday mornings.
	(b) Old Gaol, Beaumaris.	Tuesday and Friday mornings.
	(c) St. David's Priory, Holyhead.	Monday afternoons. Wednesday mornings. Friday afternoons.
	(d) Frondirion Clinic, Llangefni.	Monday and Thursday mornings.
	(e) Y.W.C.A., High St., Menai Bridge.	Thursday afternoons.
5. Child Guidance.	St. David's Priory, Holyhead.	Every Thursday.